

**SIXTH WARD FLATS**  
3350 Penn Ave. & 207 34<sup>th</sup> St.  
Pittsburgh, PA 15201

**HOUSING APPLICATION**

*Housing for persons with disabilities AND Low-Income tenants*

**Mail Applications to:** Supportive Housing Management Services  
803 East Pittsburgh Plaza, East Pittsburgh, PA 15112

**APPLICATIONS MUST BE RECEIVED ON OR AFTER April 1, 2021**



**SMOKE FREE ENVIRONMENT**



**Inquiries Call:** 1-800-238-7555 or (412) 829-3910

How did you learn about this property?

- Advertisement, specify \_\_\_\_\_  Site Sign  
 Agency, specify: \_\_\_\_\_  Other, specify: \_\_\_\_\_

**Bedroom size needed: One \_\_\_\_\_ Two \_\_\_\_\_ Three \_\_\_\_\_**

**INCOME CANNOT EXCEED \$34,860 FOR ONE PERSON, \$39,840 FOR TWO PEOPLE, \$44,820 FOR THREE PEOPLE**  
**Rent for 1 Bedroom ranges from \$699-\$850, 2 Bedroom \$995, 3 Bedroom \$1,199. Tenant pays electric.**

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE NOTE: It is your responsibility to notify us if your address changes. Failure to respond to any correspondence regarding this application could result in being removed from the waiting list.**

Present Landlord's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long there? \_\_\_\_\_ Reason for moving \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long there? \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**Are you currently a holder of a Section 8 Voucher: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Are you claiming a preference for individual with a disability: Yes \_\_\_\_\_ No \_\_\_\_\_**

Is there another responsible party with whom we should correspond (e.g., family member, agency or caseworker):

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

Is there any accommodation you or a member of your household need (e.g. wheel-in shower; accommodations for a mobility impairment, visual impairment, or hearing impairment; grab bars, etc...)

Names of Household Members Who will occupy Unit	Social Security Number	Relationship to Head of Household	Sex	Date of Birth
1) _____ Applicant Name		Head of Household		
2) _____ Co-Applicant's Name				

Wages, Salaries, Etc.	Social Security/Pension	Public Assistance	Other	Total Income
\$	\$	\$	\$	\$

Net Family Assets:(Include property, collectibles, C.D.'s, stocks, bonds, etc..)	Approximate Value
1)	\$
2)	\$
3)	\$
4)	\$

**Please circle Yes or No to the following questions:**

\*Was any member of the household enrolled as a student during the Current Calendar Year OR plans on attending school during the next Calendar year? YES/ NO If YES what are the names of the household members:

\* Have you or any household members ever been convicted of a felony or drug related activity? YES/NO

\*Are you currently or have you ever been an abuser of illegal substances? YES/NO

\*Are you or any household member(s) subject to a State Lifetime Sex Offender Registration? YES/NO

**I certify that the above information is true and complete to the best of my knowledge. I understand and authorize inquires to be made to verify any the above statements and that credit and criminal background checks will be processed for every adult member of my household. Failure to meet the Tenant Selection Criteria will result in rejection of this application.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



Equal Housing Opportunity

